

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599092

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2	1	1			
4			1			
5	1					
6	2					
7	1		1			
8	1		1			
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10			1			
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TOTAL IND.	2		2			
TOTAL DEP.	11	←	10	←	←	
TOTAL CLAIMS	13		12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						